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PERSON-CENTRED THERAPY: A PLURALISTIC PERSPECTIVE

Mick Cooper

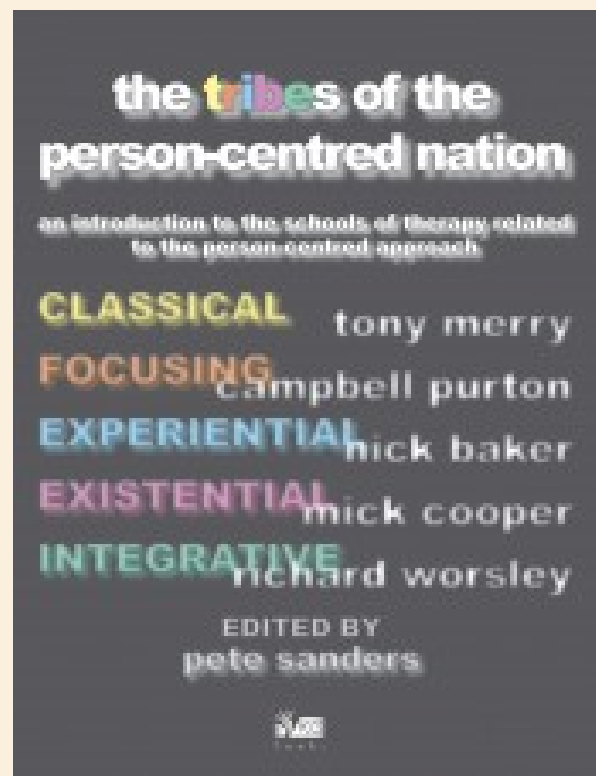
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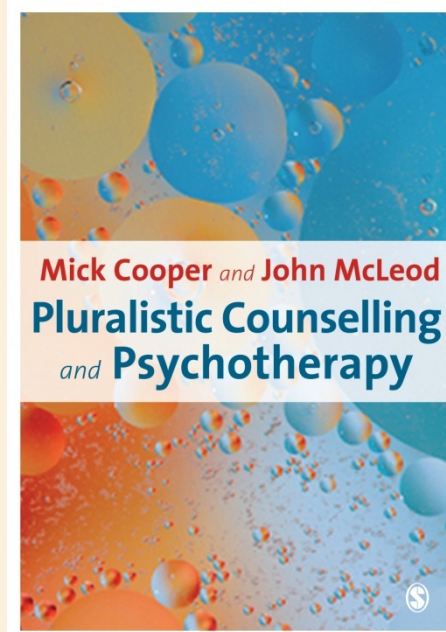
Person-Centered: One nation, many different tribes

- Many different ways of being person-centered/humanistic
- Each draws on different element of Rogers'/humanistic thought



Aim

- Present new reading of person-centered/humanistic principles
- Look at implications for PCE practice



Outline of presentation

- Human beings as unique
- Basics of a pluralistic approach
- Implications for established PCE practices
- Limitations and contribution

PCA: The uniqueness of human being and becoming

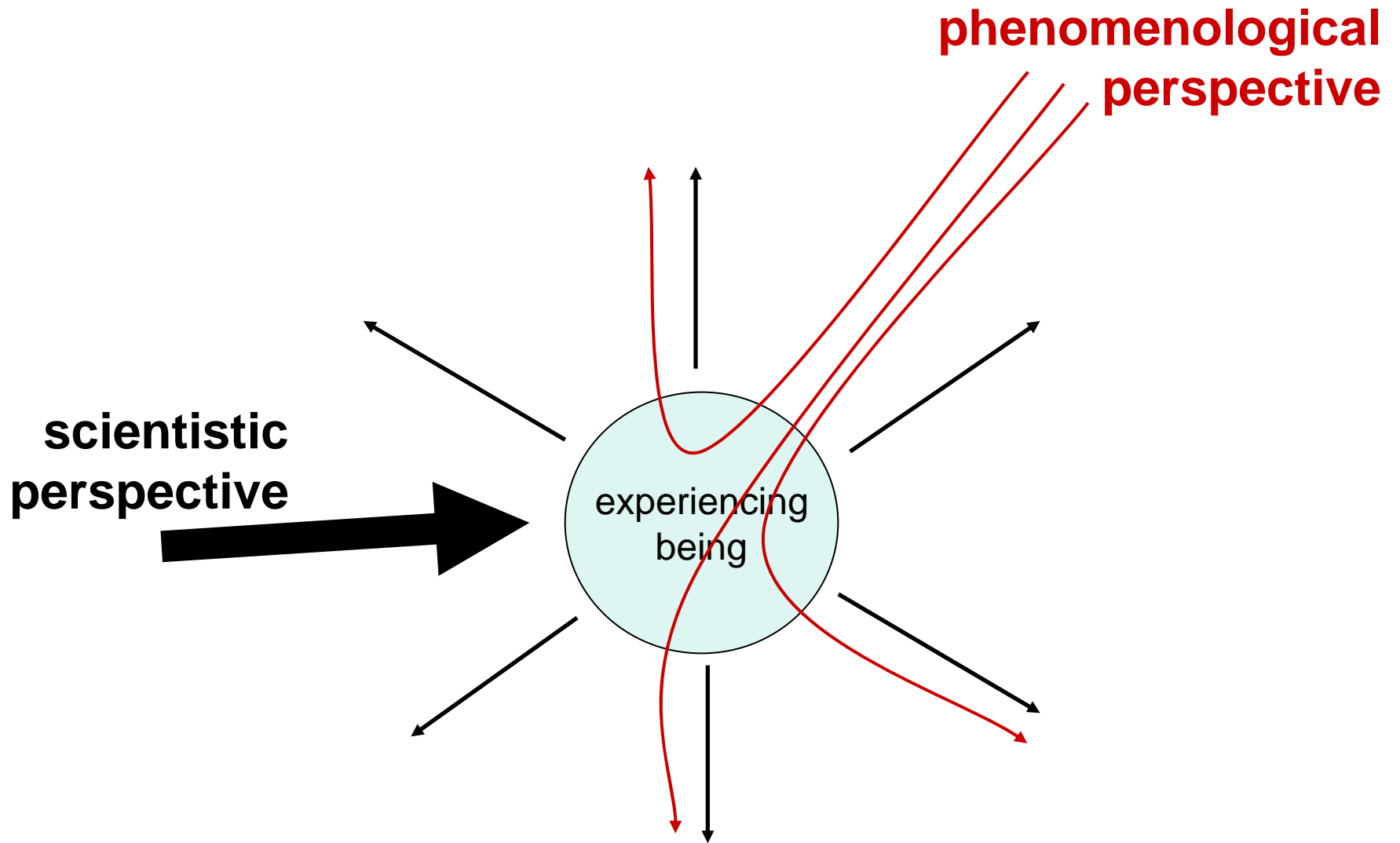
PCA emphasis on uniqueness

- Humanistic/PCE approach:
‘commitment to conceptualizing, and engaging with people in a deeply valuing and respectful way’ (Cooper, 2007)
- Each individual viewed as *‘a unique entity, unlike any other person who has existed or will exist’* (Cain, 2002):
distinctive, irreplaceable, and
inexchangeable



Rogers' idiographic emphasis

- Rogers (1959): *'fundamental predominance of the subjective'*
- Each individual *'exists in a continually changing world of experience of which he is the centre'* (Rogers, 1951)
- Each human reality fundamentally distinct



- From Levinas: Otherness of Other is fundamentally unknowable

Uniqueness of human wants

- From PC perspective, needs and motives also idiosyncratic
- Process of actualization *'is unique to the individual'* (Bozarth)

Person-centered therapists strive to support individuation and autonomy

- Aim of approach is to help individuals become 'own unique individual self' (Rogers, 1964): away from conditions of worth and external locus of control
 - towards *'increasing self-government, self-regulation, and autonomy, and away from heteronymous control, or control by external forces'* (Rogers, 1951, p. 488)
- Ethical commitment to 'respecting the right of self-determination of others' (Grant, 2004)

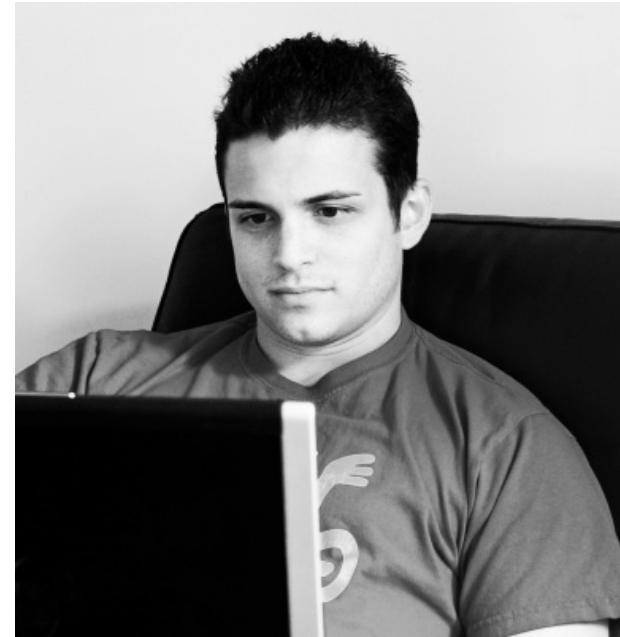
A pluralistic PCE

Basic assumptions

1. Lots of different things can be helpful to clients (both things traditionally associated with the PCE approach, and things not)

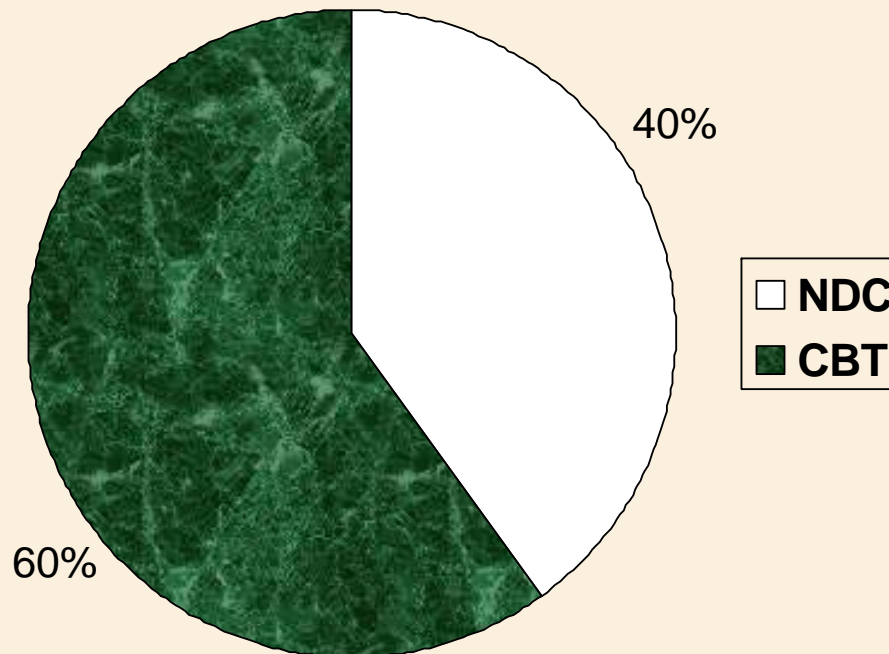
Ashok: Helpful aspects of therapy

- Just talking
- Focusing on practical solutions to problems
- Looking at each relationship with a man in the past and seeing what attracted me to them
- Realising that I am loved
- Deciding to look forward and turn a corner
- Reading a letter from my father and getting the therapist's take on it
- Just being allowed to go off tangent



Different clients want different things

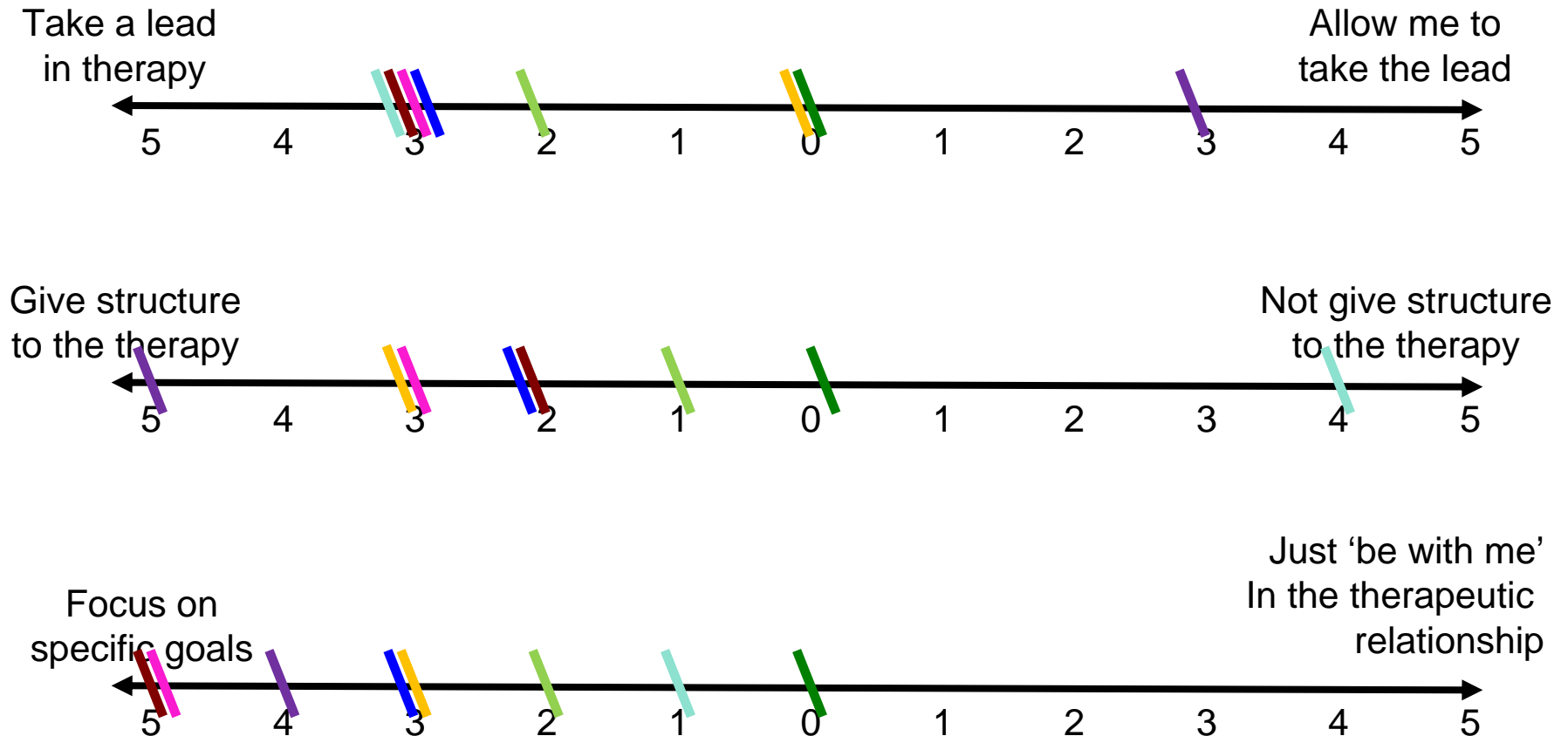
- King et al, 2000: Do depressed clients in primary care want non-directive counselling or cognitive-behaviour therapy?



What do clients ask for?

Clients' responses to the Therapy Personalisation Form (at start of therapy):

I would like my therapist to...



Research indicates individual differences across helpful factors

- Most clients do best when levels of empathy are high, but some clients – highly sensitive, suspicious, poorly motivated – do not
- Clients who do best in non-directive therapies cf. CBT:
 - high levels of resistance
 - internalizing coping style

Basic assumptions

2. If we want to know what is most likely to be helpful to our clients, we should talk to them about it

A pluralistic framework

- How to avoid an anything-goes ‘syncretism’?
- Therapeutic process orientated around client’s goals...
- And the tasks and methods that can be undertaken to get there

The therapeutic journey...

Goal: The destination – where you're trying to get to

Tasks: Routes – the roads you take

Methods: The vehicles that you use to travel on a particular route

Pluralism as collaboration

- Goals, tasks and methods are domains in which collaboration, negotiation and meta-communication in therapy can take place.
- Client as active agent in change process (Bohart and Tallman, 1999)

During one of the early sessions that focused on the task of dealing with his panic feelings, John and Haruki talked together about the various ways that Haruki thought that it might be possible for them to address this issue. John wrote down the ideas that emerged, on a flipchart. Haruki began by saying that the only thing that came to mind for him was that he believed that he needed to learn to relax. John then asked him if there were any other situations that were similar to performing in seminars, but which he was able to handle more easily. He could not immediately identify any scenario of this type, but later in the session he returned to this question, and told John that he remembered that he always took the penalties for his school soccer team, and dealt with his anxieties by running through in his mind some advice that he had received from his grandfather, about following a fixed routine. John then asked him if he would like to hear some of John's suggestions about dealing with panic. John emphasised that these were only suggestions, and that it was fine for him to reject them if they did not seem useful. John mentioned three possibilities. One was to look at a model of panic, as a way of understanding the process of losing emotional control. The second was to use a two-chair method to explore what was going on in his mind, in terms of what he was internally saying to himself at panic moments. The third was to read a self-help booklet on overcoming panic. (Cooper & McLeod, in press)

Implications for PCE therapists

1. Specialism, not schoolism

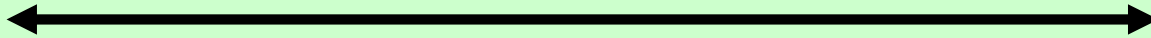
- Does not challenge value of specialised PCE practice (for some clients, some of the time) or its development
- But challenges 'dogmatic person-centeredness'
- Invites PCE therapists to value other therapeutic disciplines: ***championing*** culture of inclusivity and mutual prizing in therapeutic field

Pluralistic approach
both as perspective
and as practice

pluralistic perspective

pluralistic
practice

specialist
practice



2. What works for whom?

- Calls on PCE therapists to be clearer about who? When? Under which conditions? PCE is most effective
- What goals are PCE methods best suited to attaining?

<< Research

3. Developing pluralistic skills

- Increased dialogue around the goals, tasks and methods of therapy, particularly at the beginning:
 - ‘What do you want from therapy?’
 - ‘How do you think we might do that?’
 - ‘What has been helpful/unhelpful for you previously?’
 - ‘What would you like to get from this session today?’
 - ‘What would be useful to talk about?’

Enhanced metacommunication

- Distinctive feature of pluralistic practice is regular occurrence of episodes of 'metacommunication'
- Checking/dialoguing with client what they want from therapy and what they want to do: e.g.,
 - *'I know we have decided to spend a bit of time talking through this issue, to see whether we can develop a shared way of making sense of it – I was just wondering, would it be helpful if I asked you some questions about the issue, or would it be better if I just gave you space to say what you need to say?'*

Marcel

- Social anxiety
- Previous therapy exploring abuse
- Did he need to do it again?

Session 3

- Client talking about flashbacks:
 - 'I just can't be bothered with it any more'
 - Do I need to go back into abuse to sort it out? 'Is it just going to be there and I have to accept it?'
- Therapist (15:09):
 - 'I guess part of the question is how much is it related to the problems that you are experiencing at the moment, and that is what we don't really know (Client: 'I don't really know... It doesn't really logically link with the problems').

Session 3

- Explored other possibilities:
 - Related to experiences of being humiliated in school?
 - Related to fear of others judging her, being disappointed?
- Client: '... I think I've always let the anxiety put me off doing it [public speaking], so I could actually figure out if... If I've done it a few times, that wasn't as bad...'

Session 3

- Therapist: 'We're kind of talking about what causes that difficulty, and I guess there are a number of possibilities.
 - One is that... it is about stuff that happened in your past that has made it really difficult for you and has really inhibited you and made you really anxious
 - Another one is that it's something that you're just not good at it and you may as well give up and it's not really that much about your past
 - I guess there is another one, that you're talking about there, that is about a pattern that you have got into, or a cycle, that isn't so much... that is not so much caused by things in your past, so much as you've started avoiding doing that kind of talking, and because you've avoided doing it you've built it up as something that is more and more frightening, and actually if you started doing it a bit more you would, as you are saying, that 'It's not actually that bad... it's bearable'
- Client: 'I'm just thinking about those: it could be a pattern of behaviour I've just got into...

Helpful Aspects of Therapy

- 'At last week's session talking about patterns of behaviour got me thinking about this and how stuck I have been in a pattern of behaviour'

(Session 4: Helpful aspects of Therapy form – rated 8/9 'greatly helpful')

Greater use of feedback measures

- Given issues of deference

CLIENT FEEDBACK FORM V1

On each of the scales below, please indicate any changes that you would like to see in your therapy at this point in time. Please circle the appropriate number in each case along the scale.

I would like my therapist to:

1. Use more techniques and exercises Just right for me Use less techniques and exercises
5 4 3 2 1 0 1 2 3 4 5

2. Take more of a lead in the therapy Just right for me Allow me to take more of a lead in the therapy
5 4 3 2 1 0 1 2 3 4 5

3. Show their personality and humour more Just right for me Be more formal
5 4 3 2 1 0 1 2 3 4 5

4. Focus more on my past Just right for me Focus more on my future
5 4 3 2 1 0 1 2 3 4 5

5. Give me more advice Just right for me Give me less advice
5 4 3 2 1 0 1 2 3 4 5

6. Give more structure to the therapy Just right for me Allow less structure in the therapy
5 4 3 2 1 0 1 2 3 4 5

7. Be more challenging Just right for me Be more gentle
5 4 3 2 1 0 1 2 3 4 5

8. Focus on specific goals Just right for me Just be with me in the therapeutic relationship
5 4 3 2 1 0 1 2 3 4 5

9. Tell me more their thought processes about what's going on in therapy Just right for me Tell me less their thought processes about what's going on in therapy
5 4 3 2 1 0 1 2 3 4 5

Please write down something that *you* did in this session that felt particularly helpful to you?

Please write down what your therapist did, if anything, that helped you to do this.

Please write down why you felt that this activity was helpful – what did it achieve?

Please write down a second thing (if there is one) that *you* did in this session that felt particularly helpful to you?

Please write down what your therapist did, if anything, that helped you to do this.

Please write down why you felt that this activity was helpful – what did it achieve?

4. Pluralistic practice

- Developing practice that draws on methods from an infinite variety of PCE and non-PCE practices:
- ‘Are there particular client goals that you would like to feel more enabled to help their clients work towards?’
- ‘What methods would you need to acquire to enable this?’

Discussion



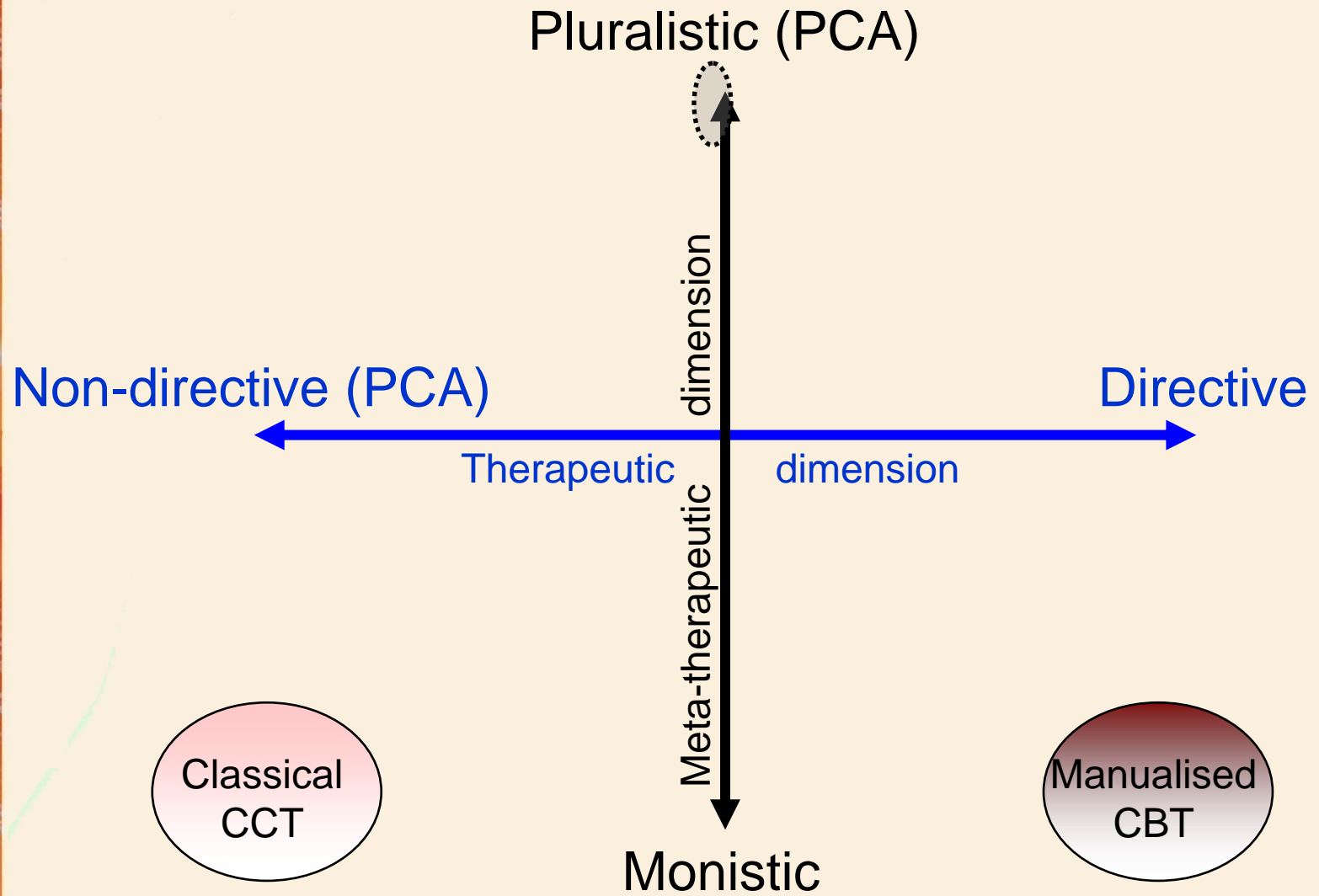
Work in progress

Cooper, M., & McLeod, J. (2007). A pluralistic framework for counselling and psychotherapy: Implications for research. *Counselling and Psychotherapy Research*, 7(3), 135-143.

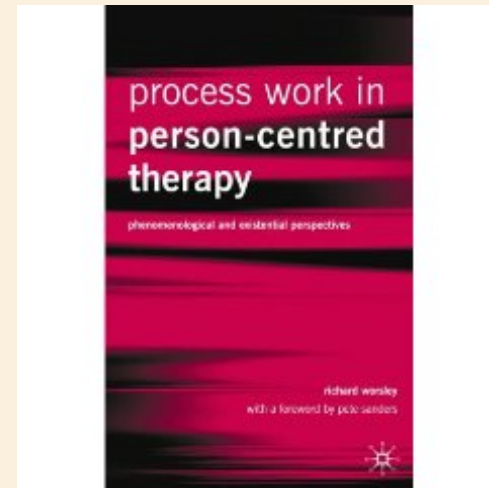
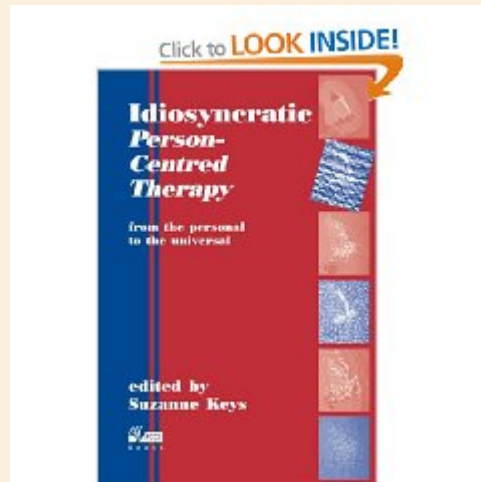
Cooper, M., and McLeod, J. (Nov., 2010). *Pluralistic counselling and psychotherapy*. London: Sage.

Can it ever be person-centred to intervene in directive ways?

- But, depends on how PCE is defined.
- Can define at both therapeutic level, and meta-therapeutic level...



Is pluralism just what PCE therapists do anyway?



- Perhaps, but articulates this approach and opens it to critical scrutiny, research and development
- Also, does not assume any set of relational conditions necessary and sufficient for all clients

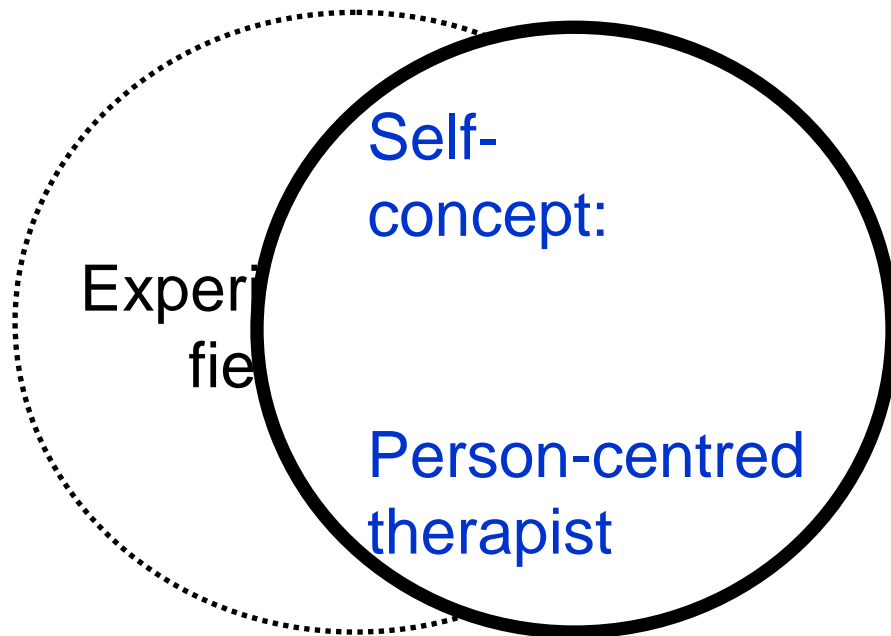
Is pluralism just eclectic therapy?

- Related, but PCE roots means particular emphasis on:
 - Collaboration in therapeutic enterprise
 - Client as active agent of change
 - Individual tailoring of therapy
 - Being inclusive to all therapeutic practices and theories
 - Being inclusive of single orientation specialisms

Potential contribution of pluralistic approach to PCE

- Possibly more reflective of actual way in which many PCE therapists work
- Means of being committed to PCE *yet* flexible/non-dogmatic
- Builds bridges with related approaches: esp., Duncan et al 'client-directed' therapy
- Can incorporate wide range of client-activities (e.g., exercise) – not just those initiated by therapist
- Flexibility of practice allows for actualization of wider range of therapist skills

Being person-centred in person-centred way



Thank you

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<http://www.strath.ac.uk/strathprints>

Download copies of the research materials from:

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